

# PROJECT NOTIFICATION FORM

Use with Plan Submittal [R309-500-6(1)] or when requesting Waiving of Submittal [R309-500-6(3)]

State of Utah - Dept of Environmental Quality - Division of Drinking Water  
P.O. Box 144830 - Salt Lake City, Utah - 84114-4830 (801) 536-4200 fax (801) 536-4211

PWS No:

File No:

Date Rec'd:

Please provide the following information for **all Drinking Water Projects** by PWS's

**1 Name of PWS [owner of system as recorded with DDW]**

Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Present No. of ERC's system is obligated to serve: \_\_\_\_\_  
Present No. of ERC's physically connected to system: \_\_\_\_\_  
Population Served: \_\_\_\_\_  
No. of ERC's this project will add to system: \_\_\_\_\_

**2 Name of Certified Direct Responsible Charge Operator**

Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**3 PE designated as Direct Responsible Engineer for Entire System**

Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**4 Is Project part of a Master Plan, previously approved by DDW which includes Std. Installation Details?**

Yes/No: \_\_\_\_\_

If Yes, Plan Name: \_\_\_\_\_

Month & Year submitted for Review: \_\_\_\_\_

**5 Description of Project [in sufficient detail for DDW to identify]**

**6 Anticipated Construction Schedule:**

Bid: \_\_\_\_\_ Award: \_\_\_\_\_

Start: \_\_\_\_\_ Completion: \_\_\_\_\_

**7 Name of Construction Inspector(s) and frequency of inspection**

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Please provide the following additional information if this submittal **includes Plans & Specifications** for a Project not previously submitted

**8 PE responsible for design of this Project [if not same as item 3]**

Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**9 Fire Suppression Authority [if system has fire hydrants]**

Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Req'd flow (gpm): \_\_\_\_\_ Duration (hrs): \_\_\_\_\_

Please provide the following additional information if this submittal is for a **new Public water System**, previously not recorded with DDW

**10 Name of PWS [as filed with the Division of Corporations]**

Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**10a Classification by Div. Corp. of Entity owning PWS [check one]**

\_\_\_\_\_ Political Subdivision [City, Town, Improvement Dist., etc]  
\_\_\_\_\_ Mutual Non-profit Corp. [Homeowners Assoc., etc]  
\_\_\_\_\_ Private For-profit Corp. [Private Owner - PSC Regulated]  
\_\_\_\_\_ Other: \_\_\_\_\_

**10b Current Status with the Public Service Commission [check one]**

Certificated & Regulated: \_\_\_\_\_ Exempted: \_\_\_\_\_

Currently under review: \_\_\_\_\_ Un-reviewed: \_\_\_\_\_

**10c Name of PWS Manager [Individual representing owner]**

Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**10d Name of PWS Operator [daily operating responsibility]**

Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

[PWS = Public Water System; DDW = Division of Drinking Water; ERC = Equivalent Residential Connection; PE = Professional Engineer]

Revised: 19 July 2002